NP 50

KANSAS SECRETARY OF STATE Not-for-Profit Corporation Annual Report Instructions

Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor 120 S.W. 10th Avenue Topeka, KS 66612-1594 (785) 296-4564 kssos@sos.ks.gov www.sos.ks.gov The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

Save time and money by filing your forms online at **www.sos.ks.gov**. There, you can also stay up-to-date on your organization's status, annual report due date, and contact addresses.

| | |
|-------------------------|--|
| Filing fee | The filing fee for the annual report is \$40 . If you are filing this annual report as part of a reinstatement due to forfeiture, you may owe a different fee (fees are listed with the reinstatement form). For more information, please call (785) 296-4564. |
| Payment | Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. NOTICE: There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks. |
| Mailing address | This is the address where you would like to receive official mail from the Secretary of State's office. If your address has changed, check the box on the form, so that we may update our records with your new address. |
| Due date | Annual reports are due on the 15th day of the sixth month following the tax closing month. EXAMPLE: If the tax closing month is December, the due date is June 15 of the following year. The annual report may be filed as early as January 1. |
| Forfeiture date | If the annual report is not filed and the appropriate fee is not paid within 90 days following the due date, the business will be forfeited in Kansas. If the forfeited business wishes to return to active and good standing status, a reinstatement process is required and will be assessed. EXAMPLE: If the tax closing month is December, the due date is June 15, and the forfeiture date is September 15. A business must file the annual report and pay the annual report fee on or before the forfeiture date to avoid forfeiture. |
| Corrected annual report | If you wish to correct information that was erroneously provided on a previously filed annual report, you may file a Corrected Document form (form COR). Complete the form and attach a complete and correct new Annual Report (form NP) and submit with a \$40 filing fee. |
| Additional information | If additional space is needed, please provide an attachment. |



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| THIS SPACE FOR OFFICE USE ONLY. |
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| Business entity ID # | This is not the Federal Employer ID Number (FEIN). | | | | | | | |
|--|--|---|---|--|---|--|--|--|
| Name of corporation | Must match name on record with Kansas Secretary of State. | | | | | | | |
| Mailing address Address will be used to send official mail from the Secretary of State's Office. Do not leave blank. | Attention Name | | Address | | | | | |
| | City | | State | Zip | Country | | | |
| | Check this box if this is a new address. Our records will be updated only if this box is checked. | | | | | | | |
| Principal office address | Address | | | | | | | |
| Must be a street, rural route, or highway. A P.O. box is unacceptable. | City | | State | Zip | Country | | | |
| Tax closing date | Month Year 6. State of incorporation | | | | | | | |
| Name, title, and address of each | Name 1 | | Title | | | | | |
| officer of corporation | Address | | | | | | | |
| Do not leave blank. | City | | State | Zip Country | | | | |
| | Name 2 | Title | | | | | | |
| | Address | | | | | | | |
| | City | | State | Country | | | | |
| | Name 3 | | Title | | | | | |
| | Address | | | | | | | |
| | City | | State | Zip | Country | | | |
| | Mailing address Address will be used to send official mail from the Secretary of State's Office. Do not leave blank. Principal office address Must be a street, rural route, or highway. A P.O. box is unacceptable. Tax closing date Name, title, and address of each officer of corporation If additional space is needed, please provide attachment. | Number (FEIN). Name of corporation Must match name on record with Kansas Secretary of State. Mailing address Address will be used to send official mail from the Secretary of State's Office. Do not leave blank. City Check this box if this is a new address Must be a street, rural route, or highway. A P.O. box is unacceptable. Tax closing date Month Year Name, title, and address of each officer of corporation If additional space is needed, please provide attachment. Do not leave blank. City Name 2 Address City Name 3 Address | Number (FEIN). Name of corporation Must match name on record with Kansas Secretary of State. Mailing address Address will be used to send official mail from the Secretary of State's Office. Do not leave blank. City Check this box if this is a new address. Our records we will be a street, rural route, or highway. A P.O. box is unacceptable. City Tax closing date Month Year 6. State of it Name, title, and address of each officer of corporation of additional space is needed, please provide attachment. Do not leave blank. City Name 2 Address City Name 3 Address | Number (FEIN). Name of corporation Must match name on record with Kansas Secretary of State. Mailing address Address will be used to send official mail from the Secretary of State's Office. Do not leave blank. City State Check this box if this is a new address. Our records will be updated of the corporation o | Name of corporation Must match name on record with Kansas Secretary of State. Mailing address Address will be used to send official mail from the Secretary of State of Office. Do not leave blank. City State of State of Office. Check this box if this is a new address. Our records will be updated only if this box is checked. Principal office address Must be a street, rural route, or highway, A P.O. box is unacceptable. City State Zip Tax closing date Month Year 6. State of incorporation Name, title, and address of each officer of corporation. Name, title, and address of each officer of corporation. Do not leave blank. Name 1 Address City State Zip Name 2 Title Address City State Zip Name 2 Title Address Title Address Title Address Title Address Title Address | | | |

| 8. | Name and address of each member of | Name 1 | Address | | | | | | |
|--|---|--------------------------------|-------------------|---|-----------|------|--|--|--|
| | governing body of corporation | City | State | Zip | Country | | | | |
| | If additional space is needed, please provide attachment. Do not leave blank. | Name 2 | | Address | | | | | |
| | | City | State Zip Country | | | | | | |
| | | Name 3 | Address | | | | | | |
| | | City | State | State Zip Countr | | | | | |
| • • • • • • • • • • | | | 1 | | | | | | |
| 9. | Federal Employer Identi | fication Number (FEIN) | | | | | | | |
| | Answer either Question 10 | or Question 11. | T | | | 1 | | | |
| 10. | Total number of shares stock issued | of capital | | number of memberships numeric. "NA" or "—" is unacceptable. | | | | | |
| 12a. Does this corporation hold more than 50% equity ownership in any other business entity that is filed with the | | | | | | | | | |
| _ | Kansas Secretary of Sta | _ | | | | | | | |
| | Yes (Complete Question 12b.) | No (Skip to Question 13.) | | | | | | | |
| • | | T | , | | | | | | |
| 12b | . Name and ID number of each business | Business Entity Name | | Business Entity ID Number | | | | | |
| | Name and ID # should be provided exactly as filed with Kansas Secretary of State. | Business Entity Name | | Business Entity ID Number | | | | | |
| | ID number is not Federal Employer ID Number (FEIN). | Business Entity Name | | Business Entity ID Number | | | | | |
| | | | | | | | | | |
| 13. | • | wn or lease land in Kansas tha | | • | | . 5) | | | |
| | This question does not apply to 1) tracts of land of fewer than 10 acres, 2) contiguous tracts of land that are fewer than 10 acres in aggregate, or 3) state-assessed railroad operating property. | | | | | | | | |
| Yes (Complete Attachment AG.) No | | | | | | | | | |
| 14. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee. | | | | | | | | | |
| Signa X | ture of Authorized Officer | | | | Month Day | Year | | | |
| Name of Signer (printed or typed) Title Phone Number | | | | | | | | | |

AG

KANSAS SECRETARY OF STATE Annual Report Agricultural Attachment for Forms AR or NP

Complete this form **only** if the business entity owns or leases land suitable for agricultural use. **All information must be complete** or this document will **not** be accepted for filing.

| 1. Provide information on each lot, tract or parcel of agricultural land in Kansas owned or leased by corporation. | | | | | | | | | | | | | |
|--|---|----------|--|--|---|--------------------|---|---|--|--------------------------|----------------------------|--|--|
| Location of tract or lot Was this tract | | | | | 1 | | Purpose for which land is owned or leased. Indicate for each tract or parcel if the | | | r parcel if the tract is | | | |
| County | Section | Township | Range | Number of acres in tract or lot | acquire after J 1981? | uly 1, | | | Owned by corporation | Leased to corporation | Leased from corporation | If leased from corporation, indicate to whom leased. | |
| | | | | | | | | | | | | | |
| 2. | 2. Total agricultural acres Must be numeric values. | | | | A. Total acres owned and operated | | | B. Total | B. Total acres owned, operated, and irrigated | | | | |
| | | | | | C. Total acres leased to the corporation | | | D. Total | D. Total acres leased to the corporation and irrigated | | | | |
| E | | | | E | E. Total acres leased <i>from</i> the corporation | | | F. Total acres leased from the corporation <i>and</i> irrigated | | | | | |
| 3. | Total number of stockholders | | | | | | | | | | | | |
| 4. | 4. Value and location | | | | /ithin Kansa | as - Agricu | Itural | | | | | | |
| | of agricultural and nonagricultural assets owned and controlled by corporation | | เธ | Value | | | Location | | | | | | |
| | | | d v | Within Kansas - Nonagricultural | | | | | | | | | |
| | Include all assets within and outside of Kansas. | | | d V | Value | | | Location | | | | | |
| | All lines must be complete. | | | | Outside of Kansas - Agricultural | | | | | | | | |
| - | | | | | | | | Location | Location | | | | |
| | | | Outside of Kansas - Nonagricultural Value | | | Location | Location | | | | | | |
| | | | | ــــــــــــــــــــــــــــــــــــــ | | | | | | | | | |